DEPARTMENT POLICY

MA Only

The Program of All Inclusive Care for the Elderly (PACE) is a managed care program designed for the frail, elderly population. PACE enrollment is always prospective. The Department of Community Health (DCH) administers the program through contracts with PACE organizations.

The PACE organization receives referrals from medical providers in the community who believe a person meets the Medicaid eligibility and nursing facility level of care criteria. PACE is currently operating in several counties in southern Michigan.

The PACE program is not an Medicaid category, but there are special eligibility rules for clients approved for PACE services.

TARGETED GROUP

The person must meet all of the following:

- Be medically qualified.
- Be 55 years of age or older.
- Live within an approved geographic area of the PACE provider.
- Not reside in a nursing facility at the time of enrollment
- Not be enrolled in the MIChoice Waiver.
- Not be enrolled in an HMO.

NONFINANCIAL ELIGIBILITY FACTORS

The eligibility factors in the following items must be met.

- BEM 220, Residence.
- BEM 221, Identity.
- BEM 223, Social Security Numbers,
- BEM 225, Citizenship/Alien Status,
- BEM 255, Child Support.
- BEM 256, Spousal/Parental Support.
- BEM 257, Third Party Resource Liability.
- BEM 265, Institutional Status.
- BEM 270, Pursuit of Benefits.

FINANCIAL ELIGIBILITY FACTORS

Groups

Use fiscal and asset group policies for SSI-related groups in BEM 211. A PACE participant is a group of one even when living with a spouse.

Assets

Countable assets cannot exceed the asset limit in BEM 400. Countable assets are determined based on MA policies in BEM 400, 401, and 402.

Income

Income eligibility exists when gross income does not exceed 300 percent of the federal benefit rate. Income eligibility cannot be established with a patient- pay amount or by meeting a deductible.

Note: An ex parte review (see glossary) is required before Medicaid closures when there is an actual or anticipated change, unless the change would result in closure due to ineligibility for all Medicaid. When possible, an ex parte reivew should begin at least 90 days before the anticipated change is expected to result in case closure. The review includes consideration of all MA categories; see BAM 115 and 220.

PATIENT-PAY AMOUNT

A patient-pay amount will be calculated if a PACE enrollee is admitted to a nursing facility or hospital. The PACE organization is responsible for collecting the patient-pay amount. Notice of the start, effective date, and any changes to the amount must be sent to the PACE organization.

NOTICES

PACE organizations have received federal and state approval for administering the program. Therefore, the following information may be shared without a signed release from the client:

- A copy of the DHS-3503, Verification Checklist.

- A copy of the DHS-4598, Medical Program Eligibility Notice, or the system equivalent.
- A copy of the DHS-1175, MA Determination Notice.

The original DHS-3503, DHS-4598, DHS-1175 must be sent to the client or the guardian, court or agency who is legally responsible for the client.

PACE PROVIDERS

CareResources (800) 610-6299
1471 Grace St. S.E.
Grand Rapids, MI 49506

Centers for Senior Independence (313) 543-6320
7800 W. Outer Drive Suite 240
Detroit, MI 48235-3458
and
250 MacDougall
Detroit, MI 48207

LifeCircles (888) 204-8626
560 Seminole Rd,
Muskegon, MI 49444

CentraCare (877) 284-4071
200 West Michigan Ave.
Battle Creek, MI 49017
and
445 W. Michigan Ave.
Kalamazoo, MI 49001

PACE of Southwest Michigan (269) 408-4322
2900 Lakeview Ave.
St. Joseph, MI 49085

LEGAL BASE

MA

Title XIX of the Social Security Act. 42 CFR 460.